



STATE OF WASHINGTON

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

March 8, 2006

### **Subject: Your Commercial Ferry Annual Report and Regulatory Fees are Due May 1**

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

#### **What is required of me?**

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 will result in a penalty and possible cancellation of your permit to operate in Washington. This is the only notice you will receive from the commission.

#### **What happens if I do not pay my regulatory fees by May 1?**

If regulatory fees are not paid by May 1, you will incur:

- a 2 percent penalty on the amount due; and
- a 1 percent monthly interest charge on the unpaid balance.

#### **Can I request an extension of time if I am unable to file the annual report by May 1?**

Yes, you must provide the request in writing, including a valid reason for the extension by May 1. We will notify you when your request is approved or denied. You will still be liable for penalty and interest payments if you fail to pay your regulatory fees by May 1. If you are late filing your annual report or fail to file, you could incur additional penalties up to \$100 a day.

#### **Where do I mail the completed annual report form and regulatory fee payment?**

Washington Utilities and Transportation Commission

PO Box 47250

Olympia, WA 98504-7250



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**Where can I obtain an electronic version of the annual report?**

Forms are available on our website at [www.wutc.wa.gov](http://www.wutc.wa.gov). Locate "Quick Links" then select "2005 annual reports".

**Who do I contact if I have questions?**

You may call 360-664-1201 or e-mail us at: [annualreports@wutc.wa.gov](mailto:annualreports@wutc.wa.gov). If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289 or 360-586-8203.

Sincerely,

A handwritten signature in cursive script, reading "Carole J. Washburn".

Carole J. Washburn  
Executive Secretary

Enclosures

## CERTIFICATED AND COMMON CARRIER COMMERCIAL FERRY COMPANIES

# ANNUAL REPORT

|                                  |
|----------------------------------|
|                                  |
| Full name and address of Company |

|   |
|---|
|   |
| Correct name and address, if different than shown |

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
for the  
**YEAR ENDED DECEMBER 31, 2005**

**Inquiries concerning this Annual Report should be addressed to:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**The company must notify the Commission, in writing, of any changes to the above information.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|
| TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL   |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>For Commission Use Only</b>     |  |  |  |  |  |  |  |
| ___ Check ___ Money Order ___ AMEX ___ Visa ___ MasterCard   |  |  |  |  |  |  |  |  |  |  |  |  |  | Credit Card Authorization #: _____ |  |  |  |  |  |  |  |
| Credit Card Number:  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiration Date<br>Month/Year      |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |
| <b>CERTIFICATION:</b> I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement. |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |
| Name (Printed): _____  |  |  |  |  |  |  |  |  |  |  |  |  |  | Title: _____                       |  |  |  |  |  |  |  |
| Signature: _____   |  |  |  |  |  |  |  |  |  |  |  |  |  | Date: _____                        |  |  |  |  |  |  |  |

|                                |                             |                 |
|--------------------------------|-----------------------------|-----------------|
| <i>For Commission Use Only</i> |                             |                 |
| Reception Number: _____        | 001-111-02-68-216-11: _____ | Ref. No.: _____ |
| 001-111-02-68-216-01: _____    | 001-111-02-68-032-05: _____ |                 |

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250  
Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)

## CERTIFICATION

I certify that I, \_\_\_\_\_, the responsible account officer for \_\_\_\_\_ have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive.

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHEDULE 1 - ORGANIZATION AND CONTROL

Company Name: \_\_\_\_\_  
d/b/a: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Web Address: \_\_\_\_\_

Chief Executive Officer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Washington Unified Business Identifier (UBI) No. \_\_\_\_\_  
*(If you do not know your UBI No., please contact the Department of Licensing at 360-664-1400)*

**Carrier is:** ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC, etc.)

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

| <u>Name</u> | <u>Title</u> | <u>Percentage of shares, stock, or ownership</u> |
|-------------|--------------|--|
|-------------|--------------|--|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total voting power of all security holders at close of year: \_\_\_\_\_ (Votes)

Give five top security holders at close of year:

| Line No. | Name of security holder<br>(a) | Address of security holder<br>(b) | Number of votes to which security holder was entitled<br>(c) | Number of votes, classified with respect to securities on which based |                         |
|----------|--------------------------------|-----------------------------------|--|---|-------------------------|
|          |                                |                                   |  | Stocks  |                         |
|          |                                |                                   |  | Common<br>(d)   | PREFERRED<br>(e)<br>(f) |
| 1        |                                |                                   |  |   |                         |
| 2        |                                |                                   |  |   |                         |
| 3        |                                |                                   |  |   |                         |
| 4        |                                |                                   |  |   |                         |
| 5        |                                |                                   |  |   |                         |

List of companies controlling the respondent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of companies under common control with respondent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of companies controlled by respondent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHEDULE 2 - INCOME STATEMENT

| Line No.                  | Item                                      | Total Company |
|---------------------------|---|---------------|
| <b>Operating Revenues</b> |   |               |
| 1                         | Passenger                                 |               |
| 2                         | Freight                                   |               |
| 3                         | Other                                     |               |
| 4                         | Total Revenue                             |               |
| <b>Operating Expenses</b> |   |               |
| <b>Direct Payroll</b>     |   |               |
| 5                         | Officers, Owners & Spouses                |               |
| 6                         | Crew (Full & Part Time)                   |               |
| 7                         | Other                                     |               |
| 8                         | Total Payroll                             |               |
| <b>Fringe Benefits</b>    |   |               |
| 9                         | Employee Benefits (H & Wf, Pensions Etc.) |               |
| 10                        | Payroll Taxes (Federal + State)           |               |
| 11                        | Other                                     |               |
| 12                        | Total Fringe Benefits                     |               |
| <b>Transportation</b>     |   |               |
| 13                        | Vessel Repair & Maintenance               |               |
| 14                        | Fuel & Oil                                |               |
| 15                        | Stores, Supplies & Equipment              |               |
| 16                        | Port, Wharfage & Dockage                  |               |
| 17                        | Charter Rentals/Leases                    |               |
| 18                        | Vessel Insurance                          |               |
| 19                        | Vessel Depreciation                       |               |
| 20                        | Other                                     |               |
| 21                        | Total Transportation                      |               |
| <b>General</b>            |   |               |
| 22                        | Office Supplies & Postage                 |               |
| 23                        | Legal & Accounting                        |               |
| 24                        | Utilities & Communication                 |               |
| 25                        | Traffic & Advertising                     |               |

|    |   |  |
|----|---|--|
| 26 | Agency Fees & Commissions                             |  |
| 27 | Operating Rents (Other Than Vessel)                   |  |
| 28 | Insurance (Other Than Vessel)                         |  |
| 29 | Depreciation (Other Than Vessel)                      |  |
| 30 | R.E. & P.P. Taxes                                     |  |
| 31 | Business Taxes  |  |
| 32 | Other   |  |
| 33 | Total General   |  |
| 34 | Total Operating Expenses (Add Lines 8, 12, 21 and 33) |  |
| 35 | Net Operating Income (Line 4 - Line 34)               |  |
| 36 | Other Income (Credit)                                 |  |
| 37 | Interest Expense                                      |  |
| 38 | Other Deduction                                       |  |
| 39 | Federal Income Taxes                                  |  |
| 40 | Net Income (Add Lines 35 and 36 Less Lines 37-39)     |  |

### SCHEDULE 3 - EQUIPMENT

|               |                |                      |               |        |                       |
|---------------|----------------|----------------------|---------------|--------|-----------------------|
| <b>Owned</b>  | Name Of Vessel | Rig And Motive Power | Gross Tonnage | Length | Cost                  |
|               |                |                      |               |        |                       |
|               |                |                      |               |        |                       |
|               |                |                      |               |        |                       |
|               | Total          |                      |               |        |                       |
| <b>Leased</b> | Name Of Vessel | Rig And Motive Power | Gross Tonnage | Length | Annual Lease Payments |
|               |                |                      |               |        |                       |
|               |                |                      |               |        |                       |
|               |                |                      |               |        |                       |
|               | Total          |                      |               |        |                       |



**SCHEDULE 4 - OPERATING STATISTICS**

|  | Route 1 | Route 2 | Route 3 |
|--|---------|---------|---------|
| General Character Of Business (Passenger, Freight, Or Ferry) |         |         |         |
| Terminals Between Which Respondent Operates                  |         |         |         |
| Distance Between Terminals                                   |         |         |         |
| Total Passengers Carried                                     |         |         |         |
| Total Tons Of Freight Carried                                |         |         |         |

**SCHEDULE 5 - NON-FEE PAYING REVENUE**

| List all revenue not subject to Regulatory Fee |         |
|--|---------|
| Items  | Amounts |
| 1.   | \$      |
| 2.   |         |
| 3.   |         |
| Total  | \$      |

# REGULATORY FEE CALCULATION SCHEDULE

Company Name \_\_\_\_\_

Annual Report Year 2005

In accordance with RCW 81.24.010 and 81.24.030 "Regulatory Fees", the Commission requires Certificated and Common Carrier Commercial Ferry companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below.

|   |    |  |                 |                      |
|---|----|--|-----------------|----------------------|
| 1 Total Gross Intrastate Operating Revenue ** (from Schedule 2, line 4)                                     | 1  |  | \$              |                      |
| 2 Less Non Fee-Paying Revenue (from Schedule 5)   | 2  |  | \$              |                      |
| 3 Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 2 from 1)                              | 3  |  | \$              |                      |
| 4 Regulatory Fee Calculations:  | 4  |  |                 |                      |
| 4a If line 3 is <b>UNDER</b> \$5,000, enter <b>ZERO</b> (Filing <b>ZERO</b> indicates schedule is complete) | 4a |  | \$              |                      |
| 4b If line 3 is <b>OVER</b> \$5,000-enter amount from line 3  | 4b |  | x .4% (.004) =  |                      |
| 5 Total Regulatory Fees owed (enter lines 4a or 4b)   | 5  |  | \$              |                      |
|   |    |  | Agency Use Only | 001-111-02-68-216-01 |
| <br><b>Complete Lines 6 through 9 if filing after May 1</b>   |    |  |                 |                      |
| 6 Penalties on Regulatory Fees filed after May 1  | 6  |  |                 |                      |
| 6a Total Penalties on Regulatory Fees owed - enter amount from line 5                                       | 6a |  | x 2 % (.02) =   |                      |
| 7 Interest on Regulatory Fees filed after May 1   | 7  |  |                 |                      |
| 7a Amount from line 5 _____ x Number of months past May _____ x 1% (.01) =                                  | 7a |  | \$              |                      |
| 8 Total Penalties and Interest owed (add lines 6a and 7a)   | 8  |  | \$              |                      |
|   |    |  | Agency Use Only | 001-111-02-68-216-11 |
| 9 Total Regulatory, Penalty and Interest Fees Due (add lines 5 and 8)                                       | 9  |  | \$              |                      |

**\*\* Note:** Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.